

## **Medicaid Pharmacy Program's Preferred Drug List: Generic vs. Brand Status**

**OFFICE OF PHARMACY SERVICES** 

Not all Generics are Preferred.\* In some instances the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is preferred, no Medwatch nor authorization is needed1.
- Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.
- If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Conduent's 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	Kitabis Pak (Inhalation)	tobramycin pak (inhalation)
Anticonvulsants	Gabitril Tablet (Oral)	tiagabine tablet (oral)
Anticonvulsants	Sabril Powder Packet <sup>3</sup>	vigabatrin powder packet³
Anticonvulsants	Sabril Tablet <sup>3</sup>	vigabatrin tablet³
Anticonvulsants	Tegretol Suspension (Oral)	carbamazepine suspension (oral)
Antiemetic/Antivertigo Agents	Transderm-Scop (Transderm) <sup>2</sup>	scopolamine (transderm) <sup>2</sup>
Bronchodilators, Beta Agonists	ProAir HFA (Inhalation)	albuterol HFA (inhalation)
Glucocorticoids, Inhaled	Pulmicort 1mg/2ml Respules	budesonide inhalation suspension (1mg/2ml)
Hypoglycemics, Insulins	Humalog Junior Kwikpen	insulin lispro Junior Kwikpen
Hypoglycemics, Insulins	Humalog Mix 75/25 pen	insulin lispro mix pen
Hypoglycemics, Insulins	Humalog pen, vial	insulin lispro pen, vial
Hypoglycemics, Insulins	Novolog cartridge, pen, vial	insulin aspart cartridge, pen, vial
Hypoglycemics, Insulins	Novolog Mix 70/30	insulin aspart protamine/insulin aspart
Immunosuppressives, Oral	Cellcept Suspension (Oral)	mycophenolate mofetil suspension (oral)
Multiple Sclerosis Agents	Copaxone 20 mg/ml (Subcutaneous)	glatiramer 20 mg/ml (subcutaneous)
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
PAH Agents, Oral and Inhaled	Revatio Suspension (Oral) <sup>3</sup>	sildenafil suspension (oral) <sup>3</sup>
Proton Pump Inhibitors	Prevacid Solutabs ODT	lansoprazole ODT
Stimulants and Related Agents	Focalin XR Capsule (Oral)	dexmethylphenidate XR capsule (oral)

## \*Generic vs. Brand Status of Non-PDL Medications

Antiretroviral Agents Norvir Tablets (Oral) ritonavir tablets (oral)
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<sup>&</sup>lt;sup>1</sup> Unless the Program has established clinical criteria for the drug. Clinical criteria can be found <u>here.</u>

<sup>&</sup>lt;sup>2</sup> Both brand and generic preferred

<sup>&</sup>lt;sup>3</sup> Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber